	NDMENT :	ΓRANSMI	TTAL LE	ETTER	Docket No. ATX-007CP4DV1
Application No. 09/484331-Conf. #9576 Applicant(s): John J. HARRING		Filing Date January 18, 2000		Examiner	Art Unit 1632
				R. R. Shukla	
				<u>-</u>	
	OSITIONS AN GENOUS GEN		FOR NON-TA	ARGETED ACTIVAT	TION OF
	TC	THE COMMI	SSIONER FO	OR PATENTS	
Transmitted here				• •	
The fee has bee	n calculated an				
-	Claims	Highest	S AS AMENI	DED	
	Remaining After	Number Previously	Number Extra Claims		
Total Claims	Amendment 2	- 20 =	Present	Rate X	
Independent Claims	1	- 3 =		x	
Gianno			<u>'. </u>		
Multiple Dependent	dent Claims (ch	eck if applicabl	e)		
Multiple Depen	dent Claims (ch	eck if applicabl	e)		
Multiple Dependence Other fee (please	-	eck if applicabl	e)		· · · · · · · · · · · · · · · · · · ·
Other fee (pleas	-				0.00
Other fee (pleas	se specify):			x Small Entity	0.00
Other fee (please TOTAL ADDIT Large Entity	se specify):	OR THIS AME	NDMENT:	x Small Entity	0.00
Other fee (please TOTAL ADDIT Large Entity X No additions Please char	se specify): TONAL FEE FO al fee is require ge Deposit Acc	OR THIS AME	NDMENT:	x Small Entity	0.00
Other fee (please TOTAL ADDIT Large Entity X No additions Please char A duplicate	se specify): TIONAL FEE FO All fee is require Tige Deposit Accopy of this she	OR THIS AME and for this amer count No. eet is enclosed	NDMENT: ndment.		0.00
Other fee (please TOTAL ADDIT Large Entity X No additions Please char A duplicate A check in t	se specify): TIONAL FEE FO al fee is require rge Deposit Acc copy of this she the amount of \$	or THIS AME of for this amer count No. eet is enclosed	NDMENT: ndment. ii		
Other fee (please TOTAL ADDIT Large Entity X No additions Please char A duplicate A check in t Payment by	se specify): TIONAL FEE FO al fee is require rge Deposit Acc copy of this she the amount of \$ credit card. Fo	orm PTO-2038	ndment. in to cover is attached.	n the amount of \$ _ the filing fee is encl	osed.
Other fee (please TOTAL ADDIT Large Entity X No additions Please chare A duplicate A check in total	se specify): TIONAL FEE FO al fee is require rge Deposit Acc copy of this she the amount of \$ credit card. Fo r is hereby auth	orm PTO-2038	ndment. in to cover is attached. ge and credit	n the amount of \$ _ the filing fee is encl	osed.
Other fee (please TOTAL ADDIT Large Entity X No additions Please char A duplicate A check in t Payment by X The Directo as describe	r is hereby auth	orm PTO-2038	ndment. in to cover is attached. ge and credit	n the amount of \$ _ the filing fee is encl	osed.
Other fee (please TOTAL ADDIT Large Entity X No additions Please char A duplicate A check in to Payment by X The Director as describe X Credit a	rese specify): TIONAL FEE FO all fee is required to the amount of \$ credit card. For is hereby authors any overpayments.	orm PTO-2038	ndment. indment. indm	the amount of \$ the filing fee is encl Deposit Account No	osed. o. <u>12-0080</u>
Other fee (please TOTAL ADDIT Large Entity X No additions Please char A duplicate A check in to Payment by X The Director as describe X Credit a	rese specify): TIONAL FEE FO all fee is required to the amount of \$ credit card. For is hereby authors any overpayments.	orm PTO-2038	ndment. indment. indm	the amount of \$ the filing fee is encl Deposit Account No	osed. o. <u>12-0080</u>
Other fee (please TOTAL ADDIT Large Entity X No additions Please char A duplicate A check in to Payment by X The Director as describe X Credit at X Charge	rishereby author below. A dupany overpayment apy additional fill.	orm PTO-2038	ndment. indment. indm	the amount of \$ the filing fee is encl Deposit Account No enclosed. fees required under 3	osed.
Other fee (please TOTAL ADDIT Large Entity X No additions Please char A duplicate A check in to Payment by X The Director as describe X Credit at X Charge Cynthia L. Kan Attorney Reg.	ris hereby author overpayment any additional fill the image. The second of the amount	orm PTO-2038	ndment. indment. indm	the amount of \$ the filing fee is encl Deposit Account No enclosed. fees required under 3	osed. o. <u>12-0080</u> o7 CFR 1.16 and 1.17
Other fee (please TOTAL ADDIT Large Entity X No additions Please char A duplicate A check in to Payment by X The Directo as describe X Credit at X Charge Cynthia L. Kan Attorney Reg. LAHIVE & COO 28 State Stree	ris hereby author overpayment any additional fill the image. The second of the amount	orm PTO-2038 norized to charpolicate copy of the interest of	ndment. indment. indm	the amount of \$ the filing fee is encl Deposit Account No enclosed. fees required under 3	osed. o. 12-0080 or CFR 1.16 and 1.17

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 377 653 038 US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: January 3, 2005

Signature:

(Cynthia L. Kanik, Ph.D.)

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 377 653 038 US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Bex1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: January 3, 2005

(Cyprhia L. Kanik, Ph.D.

A 1632 AP/IAW

PATENT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:
Harrington, *et al*.

Application No.: 09/484,331

Filed: January 18, 2000

For: COMPOSITIONS AND METHODS FOR NON-TARGETED ACTIVATION OF ENDOGENOUS GENES Group Art Unit: 1632

Examiner: Shukla, R.

Attorney Docket No.:

ATX-007CP4DV12

MS AF Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

REMARKS UNDER 37 C.F.R. §§ 1.111 AND 1.116

Dear Sir:

In response to the Office Action dated October 5, 2004 the Applicants present the following Remarks.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.